



**MONROE COUNTY  
HOME IMPROVEMENT PROGRAM (HIP)  
APPLICATION**

**Town/Village** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mr. Mrs. Ms.

Other Owner(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mr. Mrs. Ms.

Social Security Number: \_\_\_\_\_ Other Owner's Social Security Number: \_\_\_\_\_

Property Address: \_\_\_\_\_, \_\_\_\_\_, NY \_\_\_\_\_  
(Street) (Town/Village) (Zip Code)

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Please list the name, relationship and phone number of an alternate contact person.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of years you have owned this home: \_\_\_\_\_ Approximate year home was built: \_\_\_\_\_

Do you have homeowner's insurance? Yes No *(Provide proof with the application)*

Employer: \_\_\_\_\_, \_\_\_\_\_  
(Name) (Address)

**List below all persons, including yourself, who reside in the home.**

|   | Full Name | Relationship | Date of Birth | Age | Describe Any Disabilities |
|---|-----------|--------------|---------------|-----|---------------------------|
| 1 |           |              |               |     |                           |
| 2 |           |              |               |     |                           |
| 3 |           |              |               |     |                           |
| 4 |           |              |               |     |                           |
| 5 |           |              |               |     |                           |
| 6 |           |              |               |     |                           |
| 7 |           |              |               |     |                           |

Total Family Size: \_\_\_\_\_

Describe the repairs and/or improvements you are requesting:

Home is a: One Family Two Family Mobile Home Number of Bedrooms \_\_\_\_\_

Are property taxes paid? Yes No

Is any portion of the structure used for non-residential purposes? Yes No

If yes, describe:

Is there a mortgage on the property? Yes No *(Attach copy of deed and proof that mortgage is current)*

Lender: \_\_\_\_\_ Mortgage Balance: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Have you ever received assistance through Monroe County's Home Improvement Program? Yes No Date: \_\_\_\_\_

Indicate the amount of income, by source, for all members of your household AGE 18 AND OVER. Attach all required documentation. Applications that are not complete or are submitted without proper documentation will be returned, which will delay the approval of your application.

\$ \_\_\_\_\_ **WAGES AND SALARIES:** Please submit a copy of your most current Federal Income Tax Return, including all schedules, W-2 forms **and** six (6) current pay stubs for each wage earner in your household. If self-employed, submit Financial Statements, Schedule "C" Profit/Loss Statement and supporting documentation.

\$ \_\_\_\_\_ **SOCIAL SECURITY STATEMENT OR SSI BENEFITS:** Please submit a letter or statement indicating monthly benefits. If your benefits are received by direct deposit, you may submit 2 current, consecutive bank statements as verification.

\$ \_\_\_\_\_ **RETIREMENT/PENSION:** Please submit a letter or statement showing your monthly benefit.

\$ \_\_\_\_\_ **OTHER INCOME:** Please submit all available documentation of any other income you may receive, whether or not this income is taxable. Other income includes alimony, child support, public assistance, disability or veterans' benefits, trusts, unemployment, workers' compensation, etc.

\$ \_\_\_\_\_ **INCOME FROM ASSETS:** Submit copies of bank statements, rent receipts or other available documentation of all income earned as assets (savings, stocks, certificates of deposit, rents, royalties, etc.)

\$ \_\_\_\_\_ **TOTAL GROSS INCOME**

Do you have liquid assets (cash, savings, certificates of deposit, stocks, bonds, etc.) totaling twenty thousand dollars (\$20,000) or more in cash value?      Yes      No      Approximate cash value of liquid assets: \_\_\_\_\_

**ATTACH PROPER DOCUMENTATION.** Please submit copies of two (2) current, consecutive checking and/or savings bank statements for all accounts, along with any other documentation of assets (rents, stocks, bonds, etc.) in order to verify household income. All applicants are also required to provide proof of Homeowner's Insurance coverage.

Do you have ownership interest in a business?      Yes      No  
If yes, describe the business and your interest in it. If there is not enough room here, you may attach a separate page.

*I (We) hereby certify that I (we) am (are) the owner(s) and occupants of this property, and that to the best of my (our) knowledge, all information herein is true and correct. The Town/Village of \_\_\_\_\_ and Monroe County are hereby authorized to verify any of the above information in any appropriate manner and to inspect the property prior to approval and following the completion of work. I (We) understand that payment of financial assistance is subject to satisfactory completion of approved work.*

Signed (Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Co-Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Upon approval, participants are required to sign a Note and Mortgage to ensure repayment of the home improvement assistance if ownership of the property is transferred or if the property is no longer the primary residence of the participants within five (5) years of receipt of grant or loan funds.

*Information in this section is for statistical purposes only and will not affect your eligibility. Please check one of the following in regard to the race or ethnic origin of the applicant(s).*

White (non-Hispanic)      Black (non-Hispanic)      Native American      Asian/Pacific Islander      Hispanic (all races)      Other \_\_\_\_\_

